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A CASE OF GLANDULAR AND SPLENIC LEUCÆMIA; ACUTE PLEURISY; PARTIAL PERITONITIS; DEATH; AUTOPSY.

BY ASSISTANT SURGEON S. Q. ROBINSON,
United States Marine Hospital Service.

THE patient, J. P., aged twenty-eight, a Texan by birth, but of New England parentage, entered the United States Marine Hospital at Chelsea, April 5th, under the care of Dr. Bancroft.

Previously to the present trouble, with exceptions to be hereafter noted, patient had always considered himself strong and well. His ten brothers and sisters, eight of whom are younger than he, have all had "kernels" about their necks, but have been otherwise healthy. Patient himself has had enlarged cervical and inguinal glands since he can remember. Six years ago, having two years previously suffered from typhoid, he was ill for five months with "bilious fever," becoming greatly reduced. No syphilis. Has had frequent headaches, and occasional colicky abdominal pains. For a month before the present trouble patient had been annoyed by gastric symptoms, but had not considered himself any the less able to work. No intermittent since childhood.

Symptoms of pleurisy had existed, following exposure, for twelve days before entrance to hospital. Physical examination showed the left chest tolerably well filled with effusion, and presenting the not uncommon but sometimes puzzling sign of marked *distant* bronchophony below the level of the fluid.

On the day following his admission, the patient having for the first time complained of pain in the abdomen since entrance, a not particularly tender area of dullness on percussion was found, extending from five inches from the spine to three inches beyond the median line, laterally, and from half an inch below the umbilicus to be lost in the cardiac dullness above. The borders of this space were to be made out as a pretty well-defined induration, yielding over the upper part a crepitus on pressure. Pulse 100. Temperature 100° F.

On the 29th, the dyspnœa having increased, and the apex beat of the heart being displaced to the right of the sternum, the chest was aspirated and seventy-eight ounces of sero-sanguinolent fluid were drawn off. The needle was also introduced into the abdominal tumor and six and a half ounces of a darker-red fluid were removed. The lung expanded only imperfectly after the operation, which was repeated twice on the chest, after which comparatively little fluid accumulated, and five times on the abdominal tumor, which yielded on the last tapping two hundred and twenty-five ounces of badly-smelling, chocolate-colored liquid.

On May 25th patient began to complain of some enlarged and tender inguinal glands. As he was also greatly distressed by obstinate tympanites, which bismuth and charcoal, turpentine, carminatives, and the rectal tube failed to relieve, the finest needle of the aspirator was introduced through the abdominal wall, and sufficient gas was withdrawn to use up the attainable vacuum in three pint-bottles, with great relief to the patient, and without causing any untoward symptoms.

June 19th. Patient died.

Dr. Fitz, who was present at the autopsy, says, in a report which he kindly furnished, —

The head was not examined. The cervical, axillary, and inguinal glands were considerably enlarged. The glands and tissue of the anterior mediastinum were enlarged, thickened, and converted into a dense, gray, homogeneous mass. The heart was healthy. Clots, removed from the right side of the heart and from the large veins, were quite firm, yellowish-white, and opaque. The left pleural cavity contained a considerable quantity of yellow fluid. The pleural surfaces were reddened, thickened, and covered with recent false membrane. The left lung was compressed. The right lung was pale; otherwise not remarkable.

There was a circumscribed peritonitis, forming a cavity bounded by omentum, stomach, left lobe of liver, and the abdominal walls. This contained a fluid resembling chocolate and milk. The walls were coated with fibrin and apparently curdy pus. In this cavity the greatly enlarged spleen, weighing four or five pounds, was found. Its hilus contained numerous globular cavities, eroded as from decomposition. The splenic vein was completely plugged with a large white thrombus. On section of the spleen a homogeneous reddish-gray structure became evident, in which neither trabeculæ, follicles, nor pulp were to be discriminated. Under the microscope, the spleen was filled with white corpuscles, the enlargement being rather due to an increase of the pulp than to an enlargement of the follicles. The sections presented numerous round clusters of acicular crystals, which were diffused throughout the organ. The left kidney was flattened, the right anæmic, but neither gave any evidence of alteration due to the general condition. The bladder was not abnormal, nor were the stomach and intestines.

The liver was enlarged symmetrically, the gross appearance of its section presenting nothing abnormal. Under the microscope its capillaries were filled with white corpuscles, which seemed to outnumber the red ones. Glisson's capsule was extensively infiltrated with round cells. The mesenteric glands in general were enlarged, those on the posterior wall of the circumscribed peritoneal cavity projecting as nodular masses of the size of plums, red, and resembling the spleen in appearance.

A CASE OF IDIOPATHIC GLOSSITIS.

BY URANUS O. B. WINGATE, M. D., OF WELLESLEY.

At three P. M., June 9, 1876, I was called to Katie M., a domestic, single, born in Ireland, who had been in this country two weeks, was twenty years of age, had always been healthy and robust, and stated that she never took any medicine in her life. On the afternoon of the day before, she began to have a pain at the base of her tongue. She passed a restless night, but attended to her work in the morning until about noon, when she grew rapidly worse and was obliged to give up and go to bed.

I found her complaining of great pain in her tongue. She had vomited several times, the vomitus consisting of food only. She stated that she felt well with the exception of the pain in her tongue, which was much swollen, hard, and covered with a yellowish-white coat. On attempting to protrude it, she suffered great pain, and any movement of the organ seemed almost impossible. She spoke with great difficulty, and deglutition was extremely painful. Pulse, 130 per minute. Temperature in the axilla, 103.2° F. There was a slight flow of saliva, and moderate thirst. The patient presented a neat appearance, and the hygienic surroundings were good. Hot applications directly under the chin, chlorate of potash wash for the mouth every half-hour, and bits of ice on the tongue all the time when awake were ordered. Also fifteen grains of bromide of potassium with one fifth of a grain of morphine were to be given in a wine-glass of water every four hours, to relieve pain and produce sleep. Milk diet.

June 10th. The patient slept a little during the night, while under the influence of morphia. The tongue was swollen so badly that she could not speak intelligibly, and was very painful. She had not vomited for twenty hours. The bowels were constipated. There was no pain except in the tongue. The tonsils were unaffected. Pulse, 120. Temperature, 103°. There was slight dyspnœa. The same treatment was continued, and in addition pil. hydrarg. grs. iii. at night were ordered, to be followed early in the morning by a half-ounce of sulphate of magnesia in solution.

June 11th. She had slept very little. The tongue was still swollen badly. The coating had disappeared, and the tongue looked clean and presented a very dark red color. It filled the mouth and protruded slightly between the teeth. There was a little flow of saliva, less pain, and she could swallow milk much better. The patient now complained of weakness. There was complete anorexia. Pulse, 90. Temperature, 100°. The same treatment was continued. In addition to milk, beef-tea and eggnog were ordered.

June 12th. The patient was much better. She had slept well all night. The tongue was very red, but less painful and considerably reduced in size. She could talk quite well, and could swallow food and medicine with much greater ease. Pulse, 80. Temperature, 98.5°. She complained only of weakness and loss of appetite. She was to continue the mouth wash, to use the ice occasionally, to omit all other medicine, and to have two teaspoonfuls of Wyeth's elixir of calisaya three times daily.

June 15th. She had returned to her work, and stated that she felt quite well. The tongue was a little enlarged, and still looked abnormally red.

June 20th. The tongue looked natural, and she had made a complete recovery.

George B. Wood, M. D., in his Treatise on the Practice of Medicine, says, "Glossitis may result from the usual causes of inflammation. Perhaps the most frequent cause is direct injury, resulting from irritating or corrosive substances, scalding drinks, wounds or bruises, or the bites or stings of venomous insects. Sometimes the affection is produced by a direct propagation of inflammation of the tonsils, and it occasionally arises in the course of exanthematous fevers. In some instances the chief force of mercurial action appears to fall upon the tongue and produce tumefaction." The above case could not be traced to any of these causes. Flint, in his work on Theory and Practice makes no mention of glossitis as a disease *per se*. Dacosta speaks of it as a dangerous affection, and fortunately rare. Tanner in his Practice of Medicine says, "Inflammation of the tongue is a rare affection now that mercury is seldom used so as to produce salivation. It is generally met with as an accompaniment of other diseases rather than as an idiopathic affection." Farther on he says, "When glossitis arises idiopathically, it gives rise to fever, mental depression, and general weakness," thus indicating that it may be idiopathic. Erichsen, Druitt, Bryant, and others speak of glossitis as a rare affection.

In the Transactions of the Medical Society of the College of Physicians, published in the *Dublin Journal of Medical Science* for April, 1876, can be found an account of a case of idiopathic glossitis, by Henry G. Croly, F. R. C. S. I.[1] Mr. Croly, it appears, has observed thirteen or fourteen cases of glossitis during twenty years of hospital practice, and he thinks it not so rare as some have supposed. He believes that the inflammation commences at the base and extends forward. This seems of some interest, as most of the books speak of it as commencing at the tip and extending back. In the above case it commenced at the base, and gradually extended over the entire organ. In Mr. Croly's last case one side of the organ only was affected.

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[1] JOURNAL, July 6, 1876, page 23.

As regards treatment, Mr. Croly recommends purgatives and free incisions, and he gives some useful and important suggestions in regard to making the latter. Undoubtedly free incisions give great relief. They were proposed in this case, but were refused, and as many patients fear the knife more than almost any risk, the question arises as to whether or not most patients would not do quite as well without the knife as with it, provided that other treatment is not neglected. The rareness of reported cases of idiopathic glossitis in the journals has prompted me to report this case.

CASE OF ATRESIA ANI VAGINALIS.[1]

BY HENRY TUCK, M. D. (HARV.),
Visiting Physician to the Boston Lying-In Hospital.[2]

A. B., single, aged twenty-six, of American parentage, a resident of a neighboring town, was sent to Boston by a medical friend to be under my care in her confinement. She was a lady in good social position, but while riding with a young man, her intended husband, having been rendered unconscious by drugged candy, as she claims, was raped by him. This occurred on May 26th. In the following September, not having seen her catamenia for three months, and finding herself increasing in size, she consulted her family physician, who, not suspecting the nature of the case, treated her for amenorrhœa. Pregnancy was finally suspected, and she was treated by an irregular physician, who tried to bring on an abortion by the use of drugs. No operation, however, was attempted. After this she passed into the hands of a competent physician, who made a vaginal examination, and ascertained the real state of the case. By him she was a few months later sent to Boston and placed under my care. Confinement was expected about March 3d but did not occur till March 14th, making her period of gestation two hundred and ninety-three days. The head presented and the labor was normal in every way, except that it was rather long, twenty-three hours, and there was very little liquor amnii, as has been before noticed in cases of prolonged gestation. The child was a healthy, well-developed girl, and weighed eight and a half pounds. I was called to the case when the first stage was perhaps half completed. The patient lay on her side, with her back toward me. On making a vaginal examination, and passing my fingers from the anus toward the pubes, and into what was thought the vagina, the head of the fœtus was felt, but through what seemed a thick vaginal septum. On withdrawing the finger it was found covered with fæces, and I was rather mortified at having, as it seemed, mistaken the rectum for the vagina. Placing the patient on her back, and making another attempt at a vaginal examination, I found the os about half dilated and the head well down in the pelvis. My finger was again found covered with fæces, and, suspecting that something must be wrong, I made an ocular examination of the parts. At the normal site of the anus the skin was deeply pigmented, there was a depression to be felt, and it seemed as if there were a sphincter ani covered with skin. On separating the labia at the posterior commissure, about a half-inch above it was the anus in the septum between the rectum and vagina. This anus was not patulous, but was closed by a sphincter, though rather a lax one. It was entirely under the control of the patient, who has never had any difficulty in retaining her fæces. On questioning her afterwards it was ascertained that she had no knowledge of her condition. She stated that through life she had been a good deal troubled by constipation, so much so as to often put herself under medical treatment for it. The only thing the patient had noticed was that after defæcation she had always had to wipe herself more carefully than women usually did. The patient was anxious to have some operation performed, but this was not advised, and she was simply told to use a rectal injection whenever constipated.

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[1] Foerster's Path. Anat., part ii., p. 98.

[2] Read before the Obstetrical Society of Boston.

After her return home, the patient wrote that on questioning her mother it was found that she was aware of her daughter's condition, but had thought best never to speak of it to any one, not even to her own physician.

THE METRIC SYSTEM AS APPLIED TO THE OPHTHALMOSCOPE.

BY E. G. LORING, M. D.

It is proposed by the leading ophthalmologists to adopt a new system of notation for the expression of the power of lenses. A word, therefore, as to the effect of this system on ophthalmoscopes may not be inopportune. In the old system the strength of a glass was denoted by its focal length, which fortunately happened, with glass, to correspond with the radius of curvature on which it was ground. As the power of a lens is inversely as the radius of the sphere on which it is ground, its strength can always be expressed in the form of a fraction. In the old method, for instance, a six-inch lens was expressed by the fraction $\frac{1}{6}$.

In the new system it is proposed to use the metre as the unit. No. 1 of the new series would therefore be a glass of one metre focal length. It is proposed to call this one dioptrie, or 1 D. The refractive power of such a lens expressed in a fraction is therefore $\frac{1}{1\,\mathrm{M}}$. As 1 M, or one metre, is equal to 37 inches (French), $\frac{1}{1\,\mathrm{M}}$ would be equivalent to $\frac{1}{37}$, old style. No. 2 would be twice as strong, or 2 D, or $\frac{2}{37}$, old style; and so on throughout the series. Glasses weaker than $\frac{1}{37}$ are expressed by fractional parts of a dioptrie; thus, 0.5 D would equal $\frac{1}{37\times 2}$, or $\frac{1}{74}$, old style.

Anticipating the adoption of this new system, ophthalmoscopes have already appeared with the new notation, a very ingenious one being that recently described by Professor Landolt.[1] By two superimposed disks, as in what is known in this country as a combination ophthalmoscope, a large selection of glasses is given with small focal intervals; so small, indeed, as to render many of the combinations useless.

There can be but little doubt as to the advantages of a simple over a combination instrument, no matter how ingeniously this may be contrived. A simple series of glasses, where every glass has its definite focal value stamped on the disk, will, I think, always be preferred by the majority of observers. To this end all that is required to adapt the instruments now in use to the new system is to change, where necessary, the glasses ground on the old system to those ground on the new. But even without any change at all, the numbers of the new system corresponding to those of the old might be engraved just below those already on the disk. Both systems would then be given at a glance. To find these numbers we simply have to divide the equivalent of a metre in inches by the focal length of the glass. Thus, $+\frac{1}{12}$ old style would be found in the new by dividing 37 by 12 = 3, neglecting the small decimal fraction; and so on throughout the series.

Twenty-five perforations give as frequent and as small intervals as the human eye can detect through a perforated mirror. Indeed, I believe this number is rather too great, than too small, and the advantage of not being compelled to make any calculations or to change the multiplying or dividing factors in both the upper and lower disk cannot be counterbalanced by the most ingenious combination.

Should a combination ophthalmoscope be desired, the simplest way, instead of using two disks, is to have the ordinary clip, furnished with two glasses, such as is now used in the cheaper ophthalmoscopes made by Mr. Hunter. Each glass might represent one half dioptrie, thus: +.5, —.5. Without the clip, a regularly progressing series of dioptries would be represented thus: 1, 2, 3, etc.; with the clip, the intervening half D between two succeeding whole numbers would be given. We should then get a series running 1, 1.5, 2, 2.5, etc.

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[1] Klin. Monatsblatt, July and August, 1876, p. 223.

With properly chosen glasses a large series of refractive values could be thus obtained with the mininum of trouble or calculation. Indeed, the cheaper ophthalmoscopes with a single disk and with a clip for two glasses, as figured in my brochure on refraction, could readily be changed into the new system without altering their shape in any way. Instruments adapted to the new style can now be obtained from Mr. Hunter, 1132 Broadway, New York.

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RECENT PROGRESS IN ANATOMY.

BY THOMAS DWIGHT, M. D.

Methods. — Among new methods of microscopic arrangement we noticed in our last report one by Mr. H. R. O. Sankey for coloring brain with aniline black. He has since then[1] given the details of the whole process, which is very peculiar, but well adapted to large preparations. Cuts are made of a perfectly fresh brain, and, of course, are made as thin as convenient, but, *mirabile dictu*, an eighth of an inch is not too thick. The sections are dropped into water as they are cut, and when the time comes for staining, all the fluid is poured off except just enough to cover them. "To this there is to be added an equal quantity of a one per cent. solution of the dye, so that, in fact, the sections will be now in a solution containing half of one per cent. of the dyeing material." After twenty-four hours the sections are floated off into water, and then put on glass slides to dry. As they do so they of course adhere to the glass, and the next step is to cut off enough to leave only a very thin section. For this Mr. Sankey has an instrument of the nature of a plane, but it can be done with a razor. There then remains only the process of clearing the specimen with dammar or Canada balsam. The views thus obtained are said to be very fine; the ground substance is of a faint purplish blue, the cells dark purple, and the nuclei black. The course and subdivisions of the fibres can be very clearly followed.

Ganglion Cells. — Prof. G. Schwalbe[2] has made some addition to our knowledge of the structure of ganglion cells and of their development. The subject is not of sufficient general interest to warrant a long abstract, so we will merely point out that he has shown that ganglion cells are quite different structures in different places and at different ages, and then give the results of his studies of the development of the cells in the retina of the calf. In the calf they are of various sizes and present various grades of development, while in the ox they appear much the same. Schwalbe writes, "The substance from which the membrane of the nucleus and the nucleoli are subsequently formed is originally equally distributed throughout the nucleus which it more or less completely fills, as it contains many little vacuoles which are filled with another substance. As the nucleus grows, the substance in the vacuoles increases without there being any appreciable increase of its other parts. The result of this is that these latter are torn into various fragments, of which one regularly becomes the enveloping membrane of the nucleus presenting a number of angular prominences projecting inwards, which are fixed nucleoli, while the other fragments roll themselves up into one or more nucleoli. As the clear substance inside of the nucleus enlarges, the prominences on the membrane disappear from the distention of the latter. Thus the whole process may be viewed as a vacuolization of the same nature that takes place in vegetable cells to cause the separation of the protoplasm and cellular juice. I shall hereafter designate as *nucleolar substance* the shining elements that constitute the membrane of the nucleus and the nucleoli, and as nuclear fluid (Kernsaft) the clear watery substance that fills the nucleus." It should be noticed that in ganglion cells from most of the other regions the nucleus has no membrane.

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[1] Quarterly Journal of Microscopical Science for April, 1876.

[2] Jenaische Zeitschrift, Band x., Heft 1, 1876.

The Horizontal Plane of the Skull.[1] — "If we wish to measure its [a skull's] height, if we would decide how much the jaw is thrown forward or the occiput backward, whether the parietal protuberance is on front of or behind its normal position, what is the position of the foramen magnum, what is the inclination of the different planes; we must always take the horizontal position of the skull as the starting-point. . . . . If we wish to make drawings of skulls for comparison, we cannot do so till we have placed the object accurately in the normal, that is, the horizontal position." Thus writes Dr. Schmidt at the beginning of the paper, and all who have tried to compare many skulls with one another will feel the truth of his remarks, and will also recognize that there is great difficulty in deciding what plane is normally horizontal. It is no doubt true that theoretical accuracy is not to be obtained, but the question which of the various planes that have been suggested is the best, is important. The following planes may be mentioned: (*a.*) That decided upon by the German anthropologists who met at Göttingen in 1861, which is that of the zygoma when it is straight; but for skulls in which the anterior end of the zygoma bends upward the line is continued to the lower border of the orbit. (*b.*) That of Broca. This distinguished anthropologist started on the simple but ingenious premise that the head is horizontal when, the body being upright, the eyes are looking directly forward, and that, consequently, we should look for a plane that is parallel to that of vision. This he held to be one from the condyles to the lower border of the superior alveolar process. (*c.*) That of Busk, which is obtained as follows: from an imaginary line between the auditory meatuses draw one to the junction of the coronal and sagittal sutures; this will be nearly vertical, and one at right angles with it will "coincide pretty nearly with the base line of most writers, and in most cases with the floor of the nostrils." (*d.*) That of v. Jhering, running from the external auditory meatus to the lower border of the orbit. (*e.*) That of His, which runs through the anterior nasal spine and the posterior border of the foramen magnum. The posterior boundary cannot, of course, be felt on the living, but the inferior occipital ridges, which usually can be, are on about the same level. This plane is nearly parallel with that of the zygomata.

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[1] Dr. Schmidt in the Archiv für Anthropologie, Band ix., Heft 1.

Impressed with the necessity of ascertaining the plane which in all races and both sexes corresponds most closely to the plane of vision, Dr. Schmidt, by means of a simple instrument, investigated the question on large numbers of persons. Beginning with Germans, he made ten observations on each of fourteen men from nineteen to forty years old, first telling them to put the head in the natural position and to look straight forward, and, secondly, putting their heads in what he thought the natural position (passive Stellung). He used the latter almost wholly with women, as they showed a tendency otherwise to hang their heads during the examination, and with the lower races, as he often could not make them assume a natural position. He examined many negroes in America and in Egypt, besides Arabs and Nubians in the latter country. He also compared many skulls to ascertain which of the above-mentioned planes and several others was on an average most nearly horizontal, and which had relatively the most constant position. The planes of the Göttingen meeting, of His, and v. Jhering were found the least variable, and in the order of the names. Dr. Schmidt's final conclusion is that the Göttingen plane, namely, that through the zygoma and the lower border of the orbit, is the best horizontal plane that can be found. That it approaches most nearly to the true physiological horizontal plane and presents the fewest variations of any that have been proposed.

The Action of the Intercostals. — Professor Rutherford[1] has hit on a very simple way, which though necessarily inaccurate is yet satisfactory, of showing the action of the intercostal muscles. The utter absurdity of the mechanical model known as Hamberger's bars, that move up or down according to the position of an elastic band, has of late been pretty generally recognized, but Professor Rutherford has clearly shown its inapplicability by putting elastic bands to represent the intercostal muscles on to the ribs themselves. When the bands were placed between the bony parts of the first four ribs these were about equally elevated, whether the bands were in the position of the external or the internal intercostals. Bands placed in the position of the internal intercostals between the bony parts of the upper seven ribs caused a marked elevation of the ribs and an expansion of the thorax. The author continues as follows: "These experiments entirely put an end to the statement, founded on Hamberger's model, that the interosseous parts of the internal intercostal muscles *must* depress the ribs, because that is the only costal position which permits of a shortening of these fibres. Different results are obtained if the elastic bands be placed only between, say the second and third, or between the third and fourth ribs. The upper rib is then drawn down, while the lower is drawn up; both when the bands are arranged after the manner of the internal and of the external intercostals; and if the lower rib of the pair be held immobile, the only movement is a drawing down of the upper one. Both intercostals are, therefore, able to elevate the ribs when the more fixed point is above, and to depress them when the more fixed point is below. The upper rib is more fixed than the others, for it, unlike the others, has no joint between its cartilage and the sternum; it is also less flexible than the lower ribs, and, moreover, it being an arc of a smaller circle than the others, is less affected by forces tending to approximate it to the other costal arcs.

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[1] Journal of Anatomy and Physiology, April, 1876.

"Elastic bands were placed in the position of external intercostal muscles between the upper eight ribs on *both* sides of the chest. Great lateral expansion of the chest resulted. The upper end of the sternum was elevated only to the extent of a quarter of an inch. The ensiform cartilage was lifted forwards an inch and three quarters. The elastic bands were then removed and placed in the position of interosseous parts of internal intercostal fibres between the same ribs. There was neither elevation nor depression of the upper end of the sternum, while the ensiform cartilage was lifted forwards to the extent of three quarters of an inch."

These results tend to confirm the views of the reporter, published in the JOURNAL of May 1, 1873. That both sets of muscles tend to draw the more movable ribs to the more fixed ones may be looked upon as certain. It is probable that the lower ribs are nearly if not quite fixed during inspiration, in order to give a firm point of action to the fibres of the diaphragm, and thus it is not true throughout the thorax that elevation of the ribs implies inspiration or their depression expiration. Though it has never been satisfactorily proved, there can, we think, be no reasonable doubt that the two sets of intercostal muscles act together.

Arteries of the Orbit. — Dr. Zuckerkandl,[1] prosector at Vienna, has written an interesting paper on anomalies of the arteries. Most books on anatomy mention an orbital branch of the middle meningeal artery that passes through the outer end of the sphenoidal fissure, sometimes through a separate canal, and, running in the outer part of the orbit, anastomoses with the ophthalmic artery. According to Sappey, it is not very rare for this branch to be nearly as large as the meningeal itself, and to take a considerable share in supplying the contents of the orbit. Zuckerkandl describes four cases in which the middle meningeal arose from the ophthalmic artery and turned back from the orbit through the sphenoidal fissure into the cavity of the cranium. It was always an important artery, and larger than the ophthalmic. In two cases it gave branches to the orbit, in two it did not. The foramen spinosum in such cases is either closed or very small, and the foramen ovale usually larger, owing, perhaps, to an increase in size of the lesser meningeal artery that passes through it, but this point is not made very clear. It is possible to recognize by the appearance of a macerated skull that this anomaly has existed, for of course the grooves for the middle meningeal will not present their normal arrangement. Zuckerkandl has met with two such skulls in one hundred and fifty.

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[1] Medicinische Jahrbücher, 1876, Heft iii.

The Veins of the Tongue. — These have received but little attention. Luschka, indeed, in his monograph on the larynx, has described the submucous net-work that is found on the back of the dorsum, but otherwise nothing has been added to our knowledge on the subject for many years. We are very glad to find the subject taken up by Zuckerkandl,[1] who classifies the veins as follows: (*a*) those accompanying the lingual arteries, which may be called the lingual veins proper; (*b*) the hypoglossal veins, following the nerves of the same name; (*c*) one or two veins following the gustatory nerves: (*d*) the net-work on the dorsum and the plexus surrounding Wharton's duct. He devotes himself chiefly to the first two classes. The artery is accompanied not by one but by two veins, one above and one below, the latter usually being the larger. They anastomose pretty freely, and sometimes form quite a plexus around the artery. They also communicate in various ways with the veins of the other systems. The hypoglossal also has two veins, of which the lower only is of practical interest. This is owing to the fact that it is prominent on the under surface of the tongue beside the frænum, and later lies in the triangle in which the lingual artery is sought, on the outer surface of the hyo-glossus muscle. It anastomoses either with its fellow or with the vein following the gustatory nerve of the opposite side, and has various communicating branches with the other veins of the same side of the tongue. The veins that accompany the gustatory nerve are very irregular, but assist in uniting the other veins.

The Lymphatics of the Joints.[2] — About two years ago Dr. H. Tillmans published an article on the minute anatomy of the joints, which was noticed in the report on anatomy of March, 1875; since then the same investigator has studied the lymphatics of the joints, which he did not discuss in his previous paper. This time Tillmans introduced coloring matters into the joints, and endeavored by flexing and extending the latter to drive the fluid into the lymphatics of the synovial membrane. But as the presence of normal synovia interfered with this purpose, a hole was made through the bone into the joint without disturbing the capsule, the synovia washed out by salt solution, and the coloring fluid introduced; nevertheless, after long-continued movements no lymphatics of the membrane could be found, and there was merely a diffused general staining. Between the cartilage cells there was some appearance of a net-work. This the author accounts for by his theory that hyaline cartilage is a fibrous structure. None of the fluid entered the bone, but it was found in the muscles and fibrous tissue. By direct injection into the capsule itself Tillmans succeeded in showing a rich net-work directly under the endothelium, and the finest capillaries. There seems to be little doubt that the injection entered into true lymphatic spaces. An important discovery is that the elastic fibres of the connective tissue are attached to the endothelial cells of the lymph spaces, so that swelling of the tissues tends to open the canals containing the lymph. Though the results of his first class of experiments are negative, the author does not deny the possibility of the existence of direct openings of lymph vessels into the joint. He believes that under normal circumstances the fluid in the articular cavity, either by the motions of the joint or by increased intra-articular pressure when the joint is at rest, is pressed into the synovial membrane, and thence makes its way into the lymph spaces. On the strength of his experiments the author hints at the advantage of compression in effusions into the joints. If the knee-joint of a dog is filled as full as possible with a colored solution and then enveloped in elastic bandages, in twenty-four hours the fluid will be almost or entirely absorbed.

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[1] Loc. cit.

[2] Archiv fur mikroskopische Anatomie, Band xii., Heft 4.

The Structure and Development of the Ovary.[1] — This paper, by Dr. James Foulis, of Edinburgh, is one of the most valuable of recent contributions to microscopic anatomy. The author overthrows the general view that at a certain stage the ovary is a tubular organ, and that the Graafian follicles are formed from tubular structures. This appearance of tubes is owing to the irregularities of the surface of the ovary, caused by groups of eggs forcing their way towards the surface. We cannot do better than to quote the condensed account of Foulis's discoveries, given in the eighth edition of Quain's Anatomy, which has recently appeared: "The origin of the primordial ova from the superficial germ-epithelium is fully confirmed, and the stroma of the ovary is shown to be produced by a direct growth from the subjacent tissue situated on the median side of the Wolffian body. The nucleus of each epithelial corpuscle becomes the germinal vesicle of the primordial ovum; a nucleolus soon appears within (the macula), and a clear, homogeneous protoplasm collecting round the vesicle forms the commencement of the yolk. The inclosure of the primordial ova in a Graafian follicle takes place by the outgrowth of processes of the connective-tissue stroma, so that the former, being surrounded by these processes, become more and more imbedded in the substance of the ovary. At the same time, however, the germ-epithelium corpuscles increase in number by proliferation, and extending themselves inwards are in their turn inclosed singly or in clusters by the processes of the stroma. But what is most important and novel in these observations is this, that Dr. Foulis has traced the formation of the cells of the membrana granulosa to the nuclei of the fibro-nucleus tissue constituting the stroma, which gradually insinuate themselves round each primordial ovum, along with the processes of the vascular tissue of the stroma, which afterwards forms the wall of the follicle. The connective-tissue nuclei which first surround each ovigerm are comparatively few in number; but they soon increase by cell multiplication, and form the complete membrana granulosa by which the follicle is lined."

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[1] Quarterly Journal of Microscopical Science, April, 1876.

(*To be concluded.*)

PROCEEDINGS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

JAMES R. CHADWICK, M. D., SECRETARY.

MARCH 25, 1876. The president, DR. H. W. WILLIAMS in the chair.

A Case of Pharyngitis complicated with Otitis Media was reported by DR. E. W. CUSHING as follows: —

The patient, a widow fifty years old, visited me on February 9th, and stated that she had been suffering for a week with a severe sore throat and cold in the head, attended by great pain and marked depression of strength. She stated that when the throat was worst there were white patches on the pharynx and palate, which were tender and painful; also that the skin of the neck was swollen and the glands enlarged. There was acute naso-pharyngeal catarrh, with pain, obstruction of respiration, and discharge of mucus and sometimes of blood.

It afterwards appeared that this attack had come on a week after attending the funeral of a child who had died of diphtheria, where she had bent over the open coffin, and had put in her mouth a flower which had been lying upon it. Another lady, who was present and had also held in her hand and smelt flowers from the coffin, suffered from a similar attack of such severity that she was confined to her bed for some days and to her room for some weeks.

When the patient called on me the acute symptoms had subsided, leaving a very disagreeable sensation of stuffiness in the nasal passages, with black scabs in the nostrils; there was an annoying discharge into the pharynx and some hoarseness. The fauces were somewhat reddened, the vocal cords congested and covered with mucus. By the use of a syringe anteriorly a large quantity of foul mucus, with black masses of inspissated secretion, were removed from the nasal passages, and a spray sulphate of zinc, fifteen grains to the ounce, was applied to the pharynx and nares. The next day she felt better, and still more mucus was dislodged by the nasal douche, using salt and water, and as the patient did not feel capable of using the posterior nasal syringe, she received a nasal douche, with instructions and cautions for its use.

Nine days after, I was called early in the morning, and found the patient suffering from symptoms of acute otitis media, with intense pain, tenderness over the mastoid, etc. Leeches to the tragus and warm instillations gave only temporary relief, and as the membrana tympani was evidently on the point of bursting, paracentesis was performed the next day. Under the use of cleansing injections to the meatus and Politzer's method of inflation, the hearing, which was wholly lost, returned, and although the case was protracted by furuncules in the meatus, they finally yielded to local treatment, iron and quinine.

On investigation, it appeared that eight days after the first use of the nasal douche the patient, who had used it every day, felt some pain in her throat but none in the ear; she was recommended by a neighbor to take a Turkish bath; accordingly, although she had already taken a warm bath in the morning, she went, at eleven o'clock, to Dio Lewis's establishment, but, being afraid of the cold water, she insisted on being washed off with warm water after profuse perspiration. Naturally there was no reaction, and she went home at once, with her hair wet, becoming thoroughly chilled before reaching her house. For two nights she waited in hopes that the terrible pain in the ear, which supervened the same evening, would pass away, and sent for me only when the inflammation was well advanced and the pain intolerable. During the progress of the case a daughter and a servant of the patient were attacked by pharyngitis accompanied by unusual depression. The former soon improved under local and tonic treatment. The latter, who had a curious dark, dry patch on the posterior pharyngeal wall, was unable to continue her work, and is still weak, although the throat is nearly well.

The fact that this case occurred after exposure to diphtheria was reported to your committee, but the question of the amount of danger to the ear involved in the use of the nasal douche is of practically great importance. It is, moreover, a question on which authorities do not agree, as writers on diseases of the throat rather overlook the dangers to the ear arising from the use of the nasal douche, while otologists perhaps slight the advantages to the pharynx and nasal passages which may be obtained from it.

Dr. B. J. Jeffries presented the account book of Mr. William Davis, surgeon-apothecary in Boston from 1672 to 1676, and of his successors down to the year 1737. The book had been among the papers recently discovered in Faneuil Hall. Among other interesting entries were quite a number of urinals, charged to Sir Thomas Temple, the original owner of East Boston and Noddle's Island. As he died shortly after, Dr. Jeffries thought that the nature of his fatal malady might be conjectured.

Dr. C. D. Homans read the following letter, addressed to his father, the late Dr. John Homans, then residing in Brookfield, near Worcester.

Boston, *July* 25, 1828.

Dr. Homans:

Dear Sir, — Yours of the 16th inst. came to hand in due time. You request my opinion of the probable chance of practice in case of removal to this city. To the decision of this question I feel inadequate, because I know not the extent of your facilities. It is my opinion on general principles that the same degree of attention to practice which commands business in the country will command business in the city, and that your removal to Boston, with the accompaniment of the active and economical habits of the country, will ultimately command you success in the city. How long it might require to collect a thousand per annum, time and experiment alone could determine, although I am inclined to the belief that you must earn three thousand to collect one thousand dollars. The majority among us are too poor to pay their physicians much; still, after a fair start you might earn three thousand in the city with the same facility with which one thousand would be earned in the country.

The city has 60,000 inhabitants and seventy-one regularly-bred physicians. About one half, from either youth or age, have not much to do. The irregular physicians are numerous, at the head of whom in popular influence we may place Thompson, who has formed his botanical society, whose members have individually learned his system of practice by hot drops, sweating, etc. The disciples of this system, perhaps, may embrace one sixth of the population of Boston. The patent medicines I believe to be employed in about another sixth of the cases. Another sixth of the people are too poor to pay a physician's bill. The next remaining sixth of the poorest of the people can pay but little. About one sixth can pay a full bill, and the next sixth two thirds of a bill. Suppose my hypothesis approximates the truth, we say ten thousand pay a full bill and support fifteen practitioners; another ten thousand pay two thirds of a bill and support ten physicians; another ten thousand pay a third of a bill and support five. The transient population in the city may possibly support five more. If my hypothesis approach to anything like accuracy, thirty-five physicians and surgeons can derive an adequate support from the practice in the city. Compare yourself with your competitors, you will find your education, experience, age, property, and friends give you even advantage with the first third; but your absence during their presence is a sad offset, and it might require two years of patient toil, mostly among the poor, to redeem yourself from the disadvantage. Had I the question to settle, I should resolve it into the estimate of my health and the health of my family, and, if convinced that the city were most congenial to my health, and to the health and constitution and life of my wife and children, I would remove to the city; and if convinced that the country were most congenial to these great leading objects, I would remain in the country. Should you come among us, I shall be happy in tendering to you the courtesies of good neighborhood, but my own influence is too limited to proffer any encouragement of particular aid.

To Mrs. Homans be pleased to tender my best regards, and accept the assurance of esteem from your obliged and obedient servant,

George C. Shattuck.

A Specimen of an Orbital Tumor was then presented by DR. H. W. WILLIAMS. The eyesight had been lost for two years. The tumor extended through the cornea into the surrounding tissues

A Case of Recovery from Septicæmia following Abortion was reported by DR. J. R. CHADWICK as follows: "Mrs. R. came to me when she was between four and five months along in her second pregnancy, with the story that she had had a sudden severe hæmorrhage a week previously. Six days later she came to my dispensary, saying that she had miscarried in the preceding night. On examination the os admitted two fingers, which readily recognized the presence of the placenta. The patient was put to bed and plied with ergot; there was no loss of blood, but after thirty-six hours a dark, offensive discharge began to come away. On the third day the pulse went up to 96, the tongue was coated, the patient was feverish. The abdomen was not tympanitic, or distended; neither it nor the uterus was the least tender. I concluded that there was absorption of septic matter from the uterus, and deemed it imperative to remove the placenta without further delay. Accordingly on March 5th, with the assistance of Dr. Bixby, I sought to effect this object, with only partial success, for, though the os was widely open, the placenta was so firmly adherent that no force would detach it. My forceps every time brought out their fill of placental tissues, but the mass of the placenta remained. Having by this means removed one half to three fourths of the mass, I was forced to desist, from the failure of the patient's pulse owing to loss of blood. To check further oozing, I injected liquor ferri perchloridi, one part to four of water. This was effectual. On the next day the patient was quite easy till night, when she suddenly had a well-marked chill, followed by headache, malaise, and a pulse of 140. There was still no tenderness or distention of the abdominal walls, nor were there any other symptoms of peritonitis or metritis.

"I consequently diagnosticated incipient septicæmia due to absorption of the blood-clots formed by the iron, and the placental fragments. I immediately washed out the cavity of the uterus with a solution of permanganate of potash. This was repeated every night and morning for a week, when the discharges ceased to be offensive. On the day following that on which she had the first chill, the patient experienced at one time a sensation of chilliness. The pulse gradually fell; the headache slowly subsided, and the retained fragments of the placenta were subsequently discharged. A perfect recovery was ultimately secured."

It was Dr. Chadwick's opinion that very many of the deaths that occurred after the injection of perchloride of iron into the uterine cavity, during the puerperal period, were attributable to the absorption of the decomposing clots formed by the iron. He believed that the mortality might be greatly reduced by washing out the cavity, as was done in this case, with a disinfectant solution.

A Case of Hair-Pin in the Male Urethra was reported by DR. S. H. DURGIN. J. S., male, aged twenty years, was admitted to hospital at Deer Island institutions January 31, 1872, complaining of a hair-pin in his penis, which he said had been put there three days before by malicious persons. On examination the pin was found in the urethra, the forked end outward and the round end back near the bladder. One prong of the pin could be distinctly felt through the perinæum. The general disturbance was not great, the pulse being only 80, and the tongue moist and comparatively clear.

Locally there was very slight tenderness and swelling in the perinæum, moderate pain, except in walking, and little show of blood at the meatus.

The patient was placed under ether, the thighs flexed as in position for lithotomy, a grooved director passed down the urethra beyond the points of the pin, the scrotum drawn forward, and an opening three eighths of an inch in length made through the perinæum upon the director. One point of the pin was at once exposed through this opening, but the other, from compression of the two points, was so imbedded in the tender and congested mucous membrane that much time and patience were required in securing it without injury to the parts.

The pin extracted measured three inches in length, and the points were separated half an inch. The opening was closed by two silk sutures, and a gum catheter left in the bladder for three days, allowing the urine to pass every three or four hours. No unfavorable symptom arose, and the patient was discharged well in ten days. The patient's story as to the introduction of the pin by other persons was not considered wholly trustworthy.

The case is interesting only in adding an ugly and an uncommon specimen to the long list of foreign bodies which have been, from time to time, extracted from the urethra or vagina, where they have been put generally, Dr. Durgin thinks, without the aid of any second person.

SEWILL'S DENTAL ANATOMY AND SURGERY.[1]

THIS is a book which, we are inclined to think, will be very useful to the student of dentistry. It is certainly proper that he should know more of the histology of the teeth than is given here, but we suppose that an exhaustive account of it formed no part of the plan of the work. The development also is not as fully treated as it might be, but is good as far as it goes. After describing the normal arrangement of the teeth, the author takes up irregularities, and we look with interest for his views on the question of extracting teeth "to make room." We are happy to see that he considers the extraction of an incisor or canine "rarely justifiable." If the tooth be sound we should say "never," but perhaps its being diseased is what the author has in mind, as presently he implies that a diseased one may be removed even if not so much in the way as a sound one. The comparative liability of a given tooth to caries is of interest in this connection. The author states that the first molars are the most liable to decay, next the second molars, then the second and first bicuspids, in the order given. The canines and incisors are apparently of stronger constitution, or perhaps are less exposed. A very curious fact is the much greater liability to disease of the front upper teeth than of the front lower ones. It is very marked in front, and persists, though in a less degree, as far round as the molars. In the first two molars the reverse is the case, but the lower wisdom tooth is more often decayed than the upper, owing probably to want of room. The surgical instruction, we are glad to see, is confined almost entirely to the teeth themselves, for diseases of the jaw are in the province of the surgeon.

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[1] *The Student's Guide to Dental Anatomy and Surgery.* By HENRY SEWILL. Philadelphia: Lindsay and Blakiston. 1876.

GORE'S WEST AFRICAN CAMPAIGN.[1]

This is a very interesting account, by an active participant, of the medical aspects of Sir Garnet Wolseley's expedition against the Ashantees in 1873–74. The fighting was not very severe, and the book contains no surgical contributions of importance, but the climate was very bad. The chief diseases of the coast appear to be remittent and intermittent fevers, and a certain amount of rheumatism. Diarrhœa and dysentery are not prevalent near the coast, but appear as troops proceed inland, owing, no doubt, in part to the increase of exposure. The following figures show the danger attending active operations. In 1859, during peace, the mortality was twenty-five per thousand; 1863 was occupied in preliminary preparations in the bush, and the ratio rose to thirty-eight; 1864 saw active operations in the bush, and gave a mortality of sixty per thousand. The greatest sanitary precautions were taken in the campaign of 1873–74, with very gratifying results, for the details of which we refer the reader to the book. The part that seems to us of greatest interest is that in which the author gives the results of his experience in the matter of food and drink. The soldiers appear to have felt a great craving for fresh meat, which was gratified as much as possible by driving live stock on the march. Australian preserved meat was not liked, but it appears that a great deal depended on the cooks, some of whom made it palatable. Soup, on the other hand, was a great favorite with the men, as were also French preserved vegetables. Liebig's essence proved of great value. Dr. Gore speaks very highly of cocoa as an agreeable and nourishing drink, far superior in most cases to tea, which is simply a stimulant, and, when taken in large quantities, by no means a harmless one. The chapter on alcohol is excellent. The author quotes with approval Dr. Sutherland's axiom, "Wine is a good friend, but a bad enemy." It would appear from the book that strong, healthy men, well fed and taken care of, can perform arduous and long-continued labor perfectly well without any alcohol whatever, and it appears also that in the case of weakly, wounded, or ill-fed men, it is of the greatest value. During a march in the sun it is absolutely injurious, but when the final halt is made it is important that some stimulant should be given at once. If hot tea or coffee can be made ready in advance, so much the better; if it cannot, a spirit ration should be issued. Dr. Gore, after considering the various circumstances, the exertion, the irregular life, the hot, damp, and malarious climate, thinks it would be "unwise to deny the use of alcohol in *moderate doses and under*

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[1] *A Contribution to the Medical History of our West African Campaigns.* By Surgeon Major Albert A. Gore, M. D. London: Baillière, Tindall, and Cox. 1876.

proper restrictions," during active operations. In the treatment of malarial affections he considers it of great value.

Dr. Gore has done his work well, and we do not believe that his book is the least important result of the campaign.

THE END OF THE POMEROY CASE.

We are more grieved than surprised at the escape from justice of the murderer Pomeroy, whose sentence has been commuted to imprisonment for life. The sentimentalists have won the day, and the pleas of parents that their infants should be protected from torture and mutilation have been set aside. We need not review the disgusting record of Pomeroy's crimes ; suffice it to recall that he has murdered two children, and tortured and shockingly mutilated several others. These crimes were committed coolly and deliberately, usually after full premeditation, and steps were taken to conceal them. There was no sudden or irresistible impulse, no delusion, to account for these acts, which sprang solely from a devilish lust for the sight of suffering. That such an impulse is morbid must be admitted, but there is not a shadow of evidence that the criminal was not able to resist it. The sole plea is the very atrocity of the crime; to accept it is to stultify justice.

We are told that the criminal if not punished is at least in safe keeping for the rest of his life. We do not believe it. Statistics have shown that the average duration of life sentences is a little over seven years, and we cannot hope that our philanthropists will neglect a case so likely to appeal to their tender sympathies. In ten or twenty years at most the committee on pardons will be told that this most interesting man, whose conduct in prison has been exemplary, committed certain little irregularities when under delusions dependent on his age and state of health, that his impulses have since changed, and that it were cruelty to deprive him longer of the light of the blessed sun and the breath of heaven's breezes. The matter will be managed warily and quietly, no opportunity for protest will be offered, and Mr. Jesse Pomeroy will be a free man. His friends will take care to convey him to some distant place, for we hope and believe that he will never be safe in Boston even at noonday, and thus new and unsuspecting victims will be exposed to him. That such a nature as his can be reformed is hardly possible. We hope our prophecy may not be fulfilled, but those who live will see.

MEDICAL NOTES.

— In a paper by Dr. Halton on excoriations of the os and cervix uteri, published in *The Dublin Journal of Medical Science*, June, 1876, the writer calls attention to a symptom which he has rarely found to be absent in the affection under consideration. When this symptom occurs in a *married* woman who has borne children or has had an abortion or miscarriage, it should lead to a uterine examination, if the gastric or head affections refuse to yield to ordinary treatment. The sign in question is a numbness of one limb, most commonly on the left side, usually commencing in the thigh and running down the leg. It is occasionally, though rarely, met with in the arm. It is a very marked and unmistakable symptom when present, some patients declaring that they cannot feel that they are touching the limb when they put their hands on it; in other cases it is accompanied by a tingling or stinging sensation, as of nettles. There is also to be very frequently found distinct tenderness on pressure in the ovarian region of the affected side. If these symptoms are present, an examination will commonly reveal excoriation of the os and cervix. It is further to be remarked, as bearing on treatment, that the diminution and disappearance of these symptoms indicate the approach of healthy action and consequent cure, even before the local affection shows much alteration for the better.

— The Medical Register for New England is in press, and will *probably* be published in October. Every possible opportunity will be offered physicians and others to make additions or changes in their records, but it is important that they should be sent in at once.

— The spiritus ætheris dulcis as a solvent for quinine is recommended by Isaac Smith, Jr., M. D., in the *New York Medical Journal.* He says that one ounce of the solvent will dissolve two drachms of quinine, giving a transparent solution.

LETTER FROM NEW YORK.

Messrs. Editors, — The intense heat of the past four weeks has been accompanied by a very high rate of mortality, especially among the children who live in tenement-houses. Our hot weather began about the first of July, and continued with scarcely any diminution until the last week of the month. The highest temperature during the week ending July 8th was 95°, which occurred at five P. M. on Saturday the 8th. The lowest was 69°, on Friday the 7th at five A. M., giving a mean temperature of 83.1° for the week. During this week there were 858 deaths reported from all causes, against 640 the week before, and 567 for the corresponding week of last year. Of these 858 deaths 541 occurred among children under five years of age, and of these 313 were from diarrhœal diseases. Nineteen deaths were reported from the direct effects of solar heat. The highest degree of temperature during the week ending July 15th occurred on Sunday, the 9th, at four P. M., when it reached 98°. The lowest was on the 10th, at five A. M., when it fell to 71°, giving a mean of 83.9°. The number of deaths reported was 1298 against 774 for the corresponding week of 1875. Of these 862 occurred among children under five years of age, and of these again 596 were due to diarrhœal disease. One hundred and five deaths occurred from sunstroke. The greatest mortality for any one day was on the 9th of July, when the thermometer reached 98° Fahrenheit, and the number of deaths 291, 193 occurring among children. For the week ending July 22d the highest degree of temperature occurred Wednesday, July 19th, at five P. M., when it reached 94°. The lowest was at six A. M. on Sunday, the 22d, when it fell to 69°, giving a mean of 81.9°. The mortality for this week was 997, against 934 for the corresponding week of last year. Six hundred and sixty deaths occurred among children under five years of age, and of these 433 were due to diarrhœal trouble. There were 46 fatal cases of sunstroke. During the week ending July 29th there occurred a great change in the temperature, and with it a diminution in the rate of mortality. Seven hundred and forty-four deaths were reported, of which 462 occurred among children under five years of age, and most of these were from diarrhœal disease. There were no fatal cases of sunstroke. The mortality for the last week in July, 1875, was 786.

The greatest mortality for any one week during the past month occurred during the week ending July 15th, when it reached 1298, and this is the highest mortality reported in this city since the week ending July 6, 1872, when the mean temperature was 83.97°, and the number of deaths reported was 1569. The total mortality for the month of July was 3895. Of this number 2525 occurred among children under five years of age, and the number of fatal cases of sunstroke was 170. About 99 per centum of the deaths among children occurred among those living in tenement-houses. In order to afford relief to this class, the board of health, at their meeting on the 18th, appointed fifty physicians to act as assistant sanitary inspectors, to visit the tenement-houses and to care for cases of cholera infantum and other diseases arising from the extreme hot weather and not under medical attendance. In order to carry out this plan, that portion of the city occupied by tenement-houses was divided into fifty districts, and a physician assigned to each district to make daily visits. This plan was found to work well, and much relief was afforded to the children of the poor. During this hot period the Floating Hospital of St. John's Guild has made frequent excursions, and has afforded the poor much relief. On August 2d, 1193 sick children were taken out on the bay, that being the fifteenth excursion this season.

Messrs. William Wood and Company announce that they will begin the publication of the transactions of the Pathological Society of New York. The volume will be arranged somewhat after the plan adopted by the Pathological Society of London. The society was founded in 1844, and this will be the first attempt to present its transactions in a compact form to the profession, although partial reports of its proceedings have been published from time to time in the medical journals of the city. Since its foundation two meetings have been held each month, and the records are full and have been well kept, and there is no reason why the yearly volume of reports, which it is intended shall be issued, should not prove as valuable as the reports of the London society. The members of the society have almost as large a field to draw from as those of the London society, and if the transactions fail to equal the reports of the latter in fullness of detail and in the value of the cases reported, it will not be for the want of materials. The first volume will consist of a history of the society and a list of its officers since 1844, a list of specimens and reports presented in 1875, a select list of those cases of a similar character presented since 1844, and finally a full report of the transactions for 1875. The first volume will be issued in the fall. Dr. J. C. Peters, the editor of the society, will have supervision of it. If the above plan is faithfully carried out, a valuable and interesting book may be expected.

It is now about one year since the school for nurses was established at Charity

Hospital, and I understand that it has proved successful far beyond the expectation of its founders. There are now forty-four pupils attached to the training school. All the wards in the hospital are provided with nurses from the school, except the three male venereal wards. I lately made a visit to the hospital, and was struck with the neat and orderly appearance of the wards, but the greatest change is found in the improved *morale* of the institution. The school at Charity differs from that at Bellevue in that the former is under the supervision of the chief of staff, while the latter is under the direction of an educated and trained nurse. While those connected with the former live at the hospital, those connected with the latter have a "home" near Bellevue. That at Charity is intimately connected with the hospital, while the Bellevue training school is an organization entirely independent of the hospital, its managers having no connection with that institution. The training which nurses get at the Bellevue school is more thorough, I should judge, than that at Charity. The course of instruction is the same in both schools, two years. Under the old plan of employing nurses, the patients at the public hospitals were placed under the charge of ignorant and, too often, drunken nurses. The well-being of the sick was, to many of them, a secondary consideration. To furnish to these patients good nursing was one of the ends aimed at in establishing these schools, but they have a grander aim in view: to bring nursing up to a profession, and to give to the country nurses who have been thoroughly trained in large hospitals, and who are perfectly competent to take charge of any case. And above all things they are taught strictly to carry out every instruction of the physician having charge of the case.

The ladies who have worked for the success of training schools for nurses are to be congratulated upon the results they have obtained, and to them not only the medical profession but the public are under great obligation for their persistent efforts to educate women to fill the positions of competent and reliable nurses.

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THE ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

Messrs. Editors, — With Drs. Brown-Séquard, Marion Sims, and Lane, of San Francisco, your correspondent was present at the meeting of the British Medical Association held last week at Sheffield. A brief *résumé* of its proceedings, aside from the detailed official report that will appear in the British journals, may interest your readers.

Nominally the forty-fourth, this year's session was in reality but the twentieth annual meeting of the "British" Medical Association, as prior to 1856 its title and its aims were alike "Provincial." At present, however, so complete and harmonious is the union that has been effected between metropolitan and country interests, the old sectional jealousies have been in great measure allayed. From the original roll of three hundred members the number has increased to seven thousand, and the receipts for the year past have amounted to £10,000. Of this vast sum no less than £9757 were expended during the year, the chief part of the current outlay being for the publication of the journal of the association, *The British Medical*, and in "grants" for the encouragement of scientific research.

The late meeting was a large and successful one. Brighton had at first been selected, but the death of the president-elect, Sir Cordy Burrows, of that city, rendering a change desirable, the profession of Sheffield claimed the privilege of receiving the association, and Dr. Martin de Bartolomé, an Edinburgh graduate and a distinguished member of the staff of the Sheffield Infirmary, was appointed to the vacant chair. It was a source of regret to all that Sir Robert Christison, the retiring president, was prevented by advancing years from attending the meeting, and there were many of his old pupils, besides your correspondent, in whom his fine personal presence, his courteous and dignified bearing, his impressive delivery, so like in all these respects to our own Professor Gross, would have kindled a host of pleasant recollections.

The presidential address was devoted in great measure to a history of the various trades and handicrafts of Sheffield, and served as a fitting introduction to a series of valuable papers, subsequently read before the section of medicine, upon Lung Diseases resulting from Inhaled Irritants. These were severally by Dr. J. C. Hall, of the Sheffield Public Hospital, on the Effects of Sheffield Trades upon its Workmen; by Dr. Purdon, on the Injurious Effects produced upon the Lungs by Flax-Dust; by Dr. Beveridge, of Aberdeen, on the Occurrence of Phthisis in Granite-Masons; and by Dr. Arlidge, of Newcastle, on Potters' Disease from Inhalation. To Dr. Chadwick, formerly of Leeds and now of Tunbridge Wells, president of the section and an ex-president of the association, is due the credit of having elicited the contemporaneous presentation of so many papers bearing upon this important subject. Dr. Chadwick's own researches into the special diseases of Sheffield, as he stated in his address to the section of medicine, have dated back to more than thirty years ago, and initiated from an inquiry then made, in conjunction with Drs. J. and W. Thompson and Sir James Simpson, into the "colliers' black spit" (spurious melanosis), at that time supposed to occur only in Scotland.

The general address in medicine was by Dr. Edward H. Sieveking, of London, Physician Extraordinary to the Queen. Dr. Sieveking traced the history of the profession in Great Britain, of the circumstances which led to the formation of the association, and of the varied and important work that it had already accomplished. He urged the establishment of a new and especially national university, under the direction and control of the association. His remarks were received with loud applause, but from comments that were subsequently made by members in private, it would seem that the difficulties in the way of the realization of Dr. Sieveking's proposal were as great as those attending the establishment of a national university at home, that has more than once been advocated before the American Medical Association. In Great Britain there are already a dozen or fifteen powerful bodies of the kind, and it is not likely they would welcome a new-comer whose avowed object would be to supplant them all.

Mr. William F. Favell, surgeon to the Sheffield Infirmary, delivered the general address in surgery. It was in great measure a comparison of present with past methods of practice, and was illustrated by typical cases from his own experience. Mr. Favell drew especial attention to a "most ingenious and important novelty in surgery," the union by forced coaptation of divided nerves, whose suggestion and practical development was due to Mr. Wheelhouse, of Leeds, then present at the meeting. "If," said Mr. Favell, "in the case of a limb left paralyzed by division of an important nerve, we can afterwards cut down upon, reset, and reunite such nerve so as to restore power and sensibility to the parts supplied by it, at no great risk, much has been gained; and in cases of extensive wound or laceration, involving important nerve trunks, these records (of several cases now reported) raise the question whether it is not better not to be simply content with ligaturing bleeding vessels, and leave the nerve trunk to the chance of assuming its original position by carefully and accurately closing the wound, but to insure the coaptation of its divided ends by the careful introduction of sutures."

It had been announced that Professor Brown-Séquard would next read an address in general meeting upon the Relation of Affections of the Brain to Pulmonary Disease, and the communication was awaited with intense interest. Mr. Favell's address had, however, occupied so long a time that Dr. Brown-Séquard was able to present but a portion of the paper that he had prepared. He was voted a cordial expression of thanks, and the address will hereafter be printed in full.

The various sections of medicine, surgery, public health, and obstetric medicine were overcrowded with work, no less than eighty-one separate papers having been offered. The opening addresses by the presidents of each section were carefully drawn and instructive. To Dr. Chadwick's address in the section of medicine allusion has already been made. Mr. Jonathan Hutchinson, of London, presided over the section of surgery, and it was easy to see, both at its opening and subsequently at the annual dinner, the influence that this gentleman wields, and the great favor with which any suggestion that he makes is received. Mr. Hutchinson dwelt with emphasis upon the importance of surgical note-taking, and proved that by an accurate heading one may often dispense with almost the whole labor of writing out the details of the case. The section of public health was under the direction of Dr. Russell, of Glasgow, who detailed the operations of the so-called Improvement Trust in that city. This paper was followed by a series of great value to social scientists. Mr. Rogers, of London, formerly President of the Poor-Law Medical Officers Association, described Chaos, as exemplified in Central and Local Sanitary Administration; Dr. Griffiths, the Sheffield Medical Officer of Health, indicated certain Impediments in the Way of Sanitary Progress; Dr. Thompson, of Leamington, discussed the Relations of General Medical Practitioners to the Sanitary Authority; Dr. Diver, of Kenley, the desirability and importance of a more complete State Recognition of Medicine; Mr. Fox, of Cockermouth, called attention to the different methods of Sewer Ventilation; Mr. Alford, of London, advocated Legislative Restrictions for Confirmed Drunkards, as had already been done in general session by Dr. Alfred Carpenter, of Croydon; and Dr. Fox, the Essex Medical Health Officer, showed how frequent and dangerous was the Dissemination of Communicable Diseases by Trades-People and Others, who could be easily reached by the law.

The meetings of the section of obstetric medicine, including, as this does, gynæcology, were very fully attended, — by probably a larger number of members, as the presiding officer remarked, than all the other sections together, — for the profession of Great Britain, like our own, are now thoroughly alive to the advances everywhere making in this department, and it had besides been announced that a paper would be read by our truly representative American, here even more appreciated than at home, Dr. Marion Sims. The presidential address of the section was delivered by Dr. Lambe Atthill, of Dublin, who, after mentioning that many of the now clearly-recognized diseases of women were overlooked during the studentship of most of the older physicians living, said that for a knowledge of the pathology and treatment of these affections the profession were indebted, first and foremost, to the labors and discoveries of Sir James Simpson. Dr. Athill was followed by Dr. Marion Sims who indorsed all that had been said concerning Simpson as the father of modern gynæcology, and then fairly astounded every one present, your correspondent not excepted, by a description of his new and most magnificent operation for the "*cure*," though but for a few months or years, of *uterine cancer*. The paper was illustrated by the blackboard and by detail of numerous cases, and elicited warm commendation from men of the highest eminence, such as Drs. Henry Bennet and Alfred Wiltshire, of London. (Your correspondent may add that before leaving Sheffield, he was permitted, together with Dr. Kidd, of Dublin, President of the Royal College of Surgeons of Ireland, the privilege of seeing Dr. Sims operate upon a typical case of cervical epithelioma, a patient of Dr. Watson, of Peniston, near Sheffield, and he can truly say, after having repeatedly seen Dr. Sims operate, for vesico-vaginal fistula, etc., during a period extending many years back, that for dexterity, self-possession, plain common sense, and good judgment, he had conceived of nothing equaling what he beheld on the present occasion. Not only was the cervix up to the inner sphincter removed by scissors and knife after the outgrowth had been scooped away, but the whole ring of the sphincter itself, and necessarily a portion of the walls of the cavity, the fraction remaining, as ascertained with the sound by Dr. Kidd, measuring but one inch and a half, while at first the organ, excluding the whole of the cauliflower outgrowth, was fully, if not more than, the normal size. In this connection it may be mentioned, and in Boston the remark will be sure to be appreciated, that Dr. Sims, while considering chloroform to be better in midwifery cases, is strongly in favor of ether for all surgical operations, and stated this fact plainly to the association.)

The sketch thus rendered of the doings of the British association at Sheffield is but meagre and unsatisfactory. To have spoken of the labors of the council alone, as reported by its chairman, Dr. Falconer, of Bath, would have occupied much space. Several of the measures by it recommended, as that in the registration of disease the return should in the first instance be made by the person in charge of the case or the householder, and not by the medical attendant, were considered in general session. This was also the case with the cruelty to animals parliamentary bill, a report upon which was read by Mr. Ernest Hart, of London, while remarks eloquently vindicating the position of the medical profession with regard to vivisection were made at the annual dinner by the venerable Mr. Roebuck, M. P. Enough has been said, however, to show how important and interesting the session has been, and how extensive the field that it has covered.

Great interest is everywhere expressed abroad regarding the coming International Medical Congress at Philadelphia. Mr. Lister, of this city, so widely known as Syme's favorite pupil, and as himself the founder of "antiseptic surgery," has already started to attend the meeting. Dr. Alexander Simpson, Sir James's successor in the midwifery chair, will also at once leave for the same purpose, landing at Boston.

HORATIO R. STORER, M. D.

EDINBURGH, *August* 8, 1876.

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING AUGUST 26, 1876.

	Estimated Population, July 1, 1876.	Total Mortality for the Week.	Annual Death-Rate per 1000 for the Week.	Death-Rate for the Year 1875.
New York	1,061,244	572	28.03	29.35
Philadelphia	825,594	367	23.11	22.24
Brooklyn .	506,223	274	28.14	24.92
Chicago . .	420,000	264	32.69	19.75
Boston . .	352,758	180	26.53	26.20
Providence	101,500	40	20.49	19.02
Worcester .	51,087	24	24.43	20.91
Lowell . .	51,639			20.55
Cambridge	49,670	21	21.98	23.31
Fall River	50,372	24	24.77	23.99
Lawrence .	36,240	26	37.14	25.96
Lynn . .	33,548	21	32.55	19.23
Springfield	32,000	12	19.50	20.93
Salem . .	26,344	12	23.69	22.92

Normal Death-Rate, 17 per 1000.

MESSRS. EDITORS, — In reply to the strictures of H. R. R.[1] on the case of protracted jaundice, etc., I would say that I cannot regard it as so simple as he does.

The hepatic symptoms had existed for five months, with frequent exacerbations of considerable severity, before the occurrence of a single chill. There had been no return of intermittent fever for twelve years, and no new exposure in that interval to malarial influences. The patient entered the hospital for the pain and jaundice and the consequent symptoms. These were so severe as to make life at times a burden to him. He was by no means in the usual condition of intermittent-fever patients in the intervals between the chills.

The first chill occurred nine days after entrance; the second, twelve days later, at a different hour of the day; the third, the next morning early, instead of the afternoon; the fourth, the next morning. As soon as the chills assumed the regularity of tertian, quinine was administered.

As was stated in the report of the case under discussion, there was no decided alleviation of the hepatic symptoms until the use of the choleate of soda was commenced. I suppose it is fair to conclude that the principal agent in checking the chills was the sulphate of quinine. There certainly seemed reason to fear, up to the last, that they were due to some obscure disease, perhaps abscess, going on in the liver, of which they were a symptom. Nor am I now satisfied that they were not the result of the hepatic disturbance. The improvement under the continued use of the choleate of soda went on after the patient left the hospital, and he writes me that he has gained twenty-three pounds in weight, though still quite weak. During a short interval when he was without medicine there was a slight recurrence of the hepatic symptoms.

Respectfully yours,

S. L. A.

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[1] JOURNAL, August 17, 1876.

First Annual Meeting of the American Gynæcological Society. — The first meeting of this society will take place in the Academy of Music, New York, September 13, 14, and 15, 1876. The following papers will be read to the society: —

September 13th. — 1. Incision of the Cervix Uteri. By Dr. T. A. Emmett. Discussion by Drs. J. M. Sims, E. R. Peaslee, T. G. Thomas, and other.

2. Cicatrices of the Cervix Uteri. By Dr. A. J. C. Skene.

3. Report of a Case of Abdominal Pregnancy treated by Gastrotomy. By Dr. T. G. Thomas.

4. Battey's Operation for Extirpation of the Ovaries. By Dr. R. Battey.

5. A paper sent by Dr. J. Matthews Duncan, of Edinburgh.

6. Viburnum Prunifolium; its Uses in the Treatment of the Diseases of Women. By Dr. E. W. Jenks.

7. A Case of Abnormal Menstruation. By Dr. T. Parvin.

September 14th. — 8. Annual Address of the President.

9. A paper by Dr. Robert Barnes, of London.

10. Spontaneous and Artificial Disintegration of Fibrous Tumors of the Uterus. By Dr. W. H. Byford.

11. Pneumatic Self-Replacement in Dislocations of the Gravid and Non-Gravid Uterus. By Dr. H. F. Campbell.

12. Latent Gonorrhœa, especially with regard to its Influence on Fertility in Women. By Dr. E. Noeggerath.

13. Hydrate of Chloral in Obstetric Practice. By Dr. W. L. Richardson.

14. A Case of Labor complicated with four large Uterine Fibroids and Placenta Prævia. By Dr. J. R. Chadwick.

September 15th. — 15. What is the Best Treatment for Acute Lacerations of the Female Perinæum, and for Lesions of the Recto-Vaginal Septum. By Dr. W. Goodell.

16. Paper sent by Mr. Lawson Tait, of Birmingham, England.

17. Cases of Cystic Tumors of the Pelvis. By Dr. G. H. Bixby.

18. A Menstrual Hystero-Neurosis of the Stomach. By Dr. G. J. Engelmann.

19. Masturbation in Women, with a Report of Seventeen Cases treated with Bromide of Potash. By Dr. J. R. Chadwick.

20. What is the History of Calculi formed in the Bladder after Operations for Vesico-Vaginal Fistulæ? By Dr. H. F. Campbell.

Dr. William E. Boardman has been appointed surgeon to patients with diseases peculiar to women, at the Carney Hospital.

Appointments in the Medical Staff, M. V. M. — August 14, 1876, First Battalion of Cavalry, Surgeon Robert Amory, of Brookline.

August 25, 1876, Second Battalion of Infantry, Surgeon David Clark, of Springfield. Before the reorganization Dr. Clark was Assistant Surgeon of the late Second Regiment.

August 15, 1876, Surgeon Robert Amory, First Battalion of Cavalry, to be Medical Director of the Second Brigade, with the rank of lieutenant-colonel.

August 23, 1876, Surgeon John L. Hildreth, Fourth Battalion of Infantry, to be Medical Director of the First Brigade, with the rank of lieutenant-colonel.

The Board of Medical Officers established by General Orders No. 23, Series of 1874, will hereafter be composed of five members, and the following-named officers are announced as detailed for service with it: —

Colonel Joshua B. Treadwell, Assistant Surgeon-General, President; Lieutenant-Colonel Robert Amory, Medical Director, Second Brigade; Lieutenant-Colonel John L. Hildreth, Medical Director, First Brigade; Major Edward J. Forster, Surgeon, Fifth Regiment Infantry; Major David Dana, Surgeon, First Battery Light Artillery.

Books and Pamphlets Received. — The Theory and Practice of Medicine. By Frederick T. Roberts, M. D. Second American from last London Edition. 1876.

On Tracheotomy, especially in relation to Diseases of the Larynx and Trachea. By W. Pugin Thornton. 1876.

The Preventive Treatment of Calculous Disease and the Use of Solvent Remedies. By Sir Henry Thompson, F. R. C. S. Second Edition. 1876.